

**N.C. DEPARTMENT OF CORRECTIONS
NASH OPTICAL PLANT
P.O. BOX 600
2869 US HWY 64-A
NASHVILLE, NC 27856
1-888-388-1353**

The attached request is being returned because pertinent information is missing / incomplete / illegible in the category noted below. Please complete and return this request to **Nash Optical Plant**.

_____ Provider Number

_____ Provider Name and Address

_____ Patient Name

√ _____ Patient Medicaid Identification (MID) Number

_____ Frame name/size/color

_____ Rx information

_____ Pupillary Distance (PD)

_____ Segment Height/Power/Style

_____ Other _____

NOTE TO ALL OPTICAL PROVIDERS: Please make every effort to complete each Request for Prior Approval for Visual Aids form correctly. Missing, incomplete or illegible information will delay the eyeglass order.